5:23-cv-202

AO 239 (Rev. 12/13) Application to Proceed in District Court Without Prepaying Fees or Costs (Long Form)

Joseph Castillo

Signed:

Plaintiff/Petitioner

UNITED STATES DISTRICT COURT

for the

Western District of Texas

_	BUSINESS THRILLS INC Defendant/Respondent) Civil Action No
		COURT WITHOUT PREPAYING FEES OR COSTS ng Form)
	Affidavit in Support of the Application	Instructions
	I am a plaintiff or petitioner in this case and declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief requested. I declare under penalty of perjury that the information below is true and understand that a false statement may result in a dismissal of my claims.	Complete all questions in this application and then sign it. Do not leave any blanks: if the answer to a question is "0," "none," or "not applicable (N/A)," write that response. If you need more space to answer a question or to explain your answer, attach a separate sheet of paper identified with your name, your case's docket number, and the question number.

1. For both you and your spouse estimate the average amount of money received from each of the following sources during the past 12 months. Adjust any amount that was received weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate. Use gross amounts, that is, amounts before any deductions for taxes or otherwise.

01/19/2023

Income source		Average monthly income amount during the past 12 months				Income amount expected next month		
		You		Spouse		You		Spouse
Employment	S	n/a	\$	n/a	\$	n/a	\$	n/a
Self-employment	S	n/a	\$	n/a	\$	n/a	\$	n/a
ncome from real property (such as rental income)	S	n/a	S	n/a	\$	n/a	\$	n/a
nterest and dividends	S	n/a	S	n/a	\$	n/a	S	n/a
Gifts	S	n/a	S	n/a	s	n/a	s	n/a
Alimony	S	n/a	S	n/a	\$	n/a	s	n/a
Child support	S	n/a	\$	n/a	S	n/a	s	n/a

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Retirement (such as social security, pensions, annuities, insurance)	s	n/a	S	n/a	\$	n/a	\$	n/a
Disability (such as social security, insurance payments)	s	79400	\$	DNA	\$ 1	194,00	\$	N/A
Unemployment payments	\$	n/a	S	n/a	\$	n/a	s	n/a
Public-assistance (such as welfare)	S	n/a	\$	n/a	\$	n/a	s	n/a
Other (specify):	s	47500	S	Housi	87	() n/a	\$	n/a
Total monthly income:	S	1,269.00	\$	0.00	\$.	0.00	\$	0.00

 List your employment history for the past two years, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of employment	Gross monthly pay
1//	: 6%		\$
10/1			\$

3. List your spouse's employment history for the past two years, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of employment	Gross monthly pay
. 110			\$
NIP			\$
			\$

4.	How much cash do you and your spouse have? \$	15.20
	Below state any money you or your shouse have i	n bank accounts or in any other financial institution

Financial institution	Type of account	Amount you have	Amount your spouse has
Bank of Amorica	checking	\$	SNA
1/	Savinas	\$ 235.00	s \ \
		\$	s \/

If you are a prisoner, you must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

5.	List the assets, and their values, which you own or your spouse owns. Do not list clothing and ordinary
	household furnishings.

Assets owned by you or your spouse				
Home (Value)	\$			
Other real estate (Value)	\$			
Motor vehicle #1 (Value) ADA CHINDA	s 50.000°			
Make and year: 2012 ESV CaditlaC				
Model: ESV				
Registration #: 1GYS4HEF1CR12726				
Motor vehicle #2 (Value)	s 8,500°°			
Make and year: Nissian Sentra 2014				
Model: Sentra				
Registration #: 3N1AB7AP3EL675325				
Other assets (Value)	\$			
Other assets (Value)	\$			

6. State every person, business, or organization owing you or your spouse money, and the amount owed.

Person owing you or your spouse money	Amount owed to you	Amount owed to your spouse
. ().	S	\$
NA	\$	\$
. 1	\$	\$

7. State the persons who rely on you or your spouse for support.

Name (or, if under 18, initials only)	Relationship	Age
0/10		
NA		

8. Estimate the average monthly expenses of you and your family. Show separately the amounts paid by your spouse. Adjust any payments that are made weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate.

7	You	Your spouse
Rent or home-mortgage payment (including lot rented for mobile home) Are real estate taxes included? Ves No Is property insurance included? No	s 75°°	s
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$45000	\$
Home maintenance (repairs and upkeep)	s N/A	\$
Food	· 22500	\$
Clothing	s N/A	\$
Laundry and dry-cleaning	s 4000	\$
Medical and dental expenses	s medica	sd l
Transportation (not including motor vehicle payments)	s N/A	s
Recreation, entertainment, newspapers, magazines, etc.	\$ 2500	\$
Insurance (not deducted from wages or included in mortgage payments)		η
Homeowner's or renter's: Rebecca Garces	\$ 83.00	
Life:		
Health:	s —	\$
Motor vehicle: Progressive	\$ 38000 mg	8th
Other:	s	\$
Taxes (not deducted from wages or included in mortgage payments) (specify):	s	\$
Installment payments		
Motor vehicle:	s —	s —
Credit card (name):	s 01000 mg	Athly
Department store (name): Macys	\$7500 ma	Athla
Other: AMZZON	\$ 4500 m	onthin
Alimony, maintenance, and support paid to others	s N/A	s

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		_						
Regula statemen	ar expenses for operation of business, profession, or farm (attach detailed nt)	\$		1	SIL	\$		
Other (specify):		\$		1	N'/A	S		
	Total monthly expenses:	1	\$		1,488	\$		0.0
9.	Do you expect any major changes to your monthly income or expenses on next 12 months?	or i	n yo	ur as	sets or li	abiliti	es duri	ng the
	☐ Yes ☐ No If yes, describe on an attached sheet.							
10.	Have you spent — or will you be spending — any money for expenses of lawsuit? ☐ Yes ☑ No	or a	ttorr	ney f	ees in co	njunc	tion wi	th this
	If yes, how much? \$							
11.	Provide any other information that will help explain why you cannot pay	y th	ie co	sts o	f these pr	oceed	dings.	
12.	Identify the city and state of your legal residence. San Antonio 1eXaS Your daytime phone number: 210-577-9000 Your age: 49 Your years of schooling: 1447S Last four digits of your social-security number: 3036	•						